

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**



Declaration  
Submitted  
with Initial  
Filing

OR



Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

**Attorney Docket Number**

031826.0007

**First Named Inventor**

LINDEN, Joel M.

**COMPLETE IF KNOWN**

Application Number

Filing Date

Art Unit

Examiner Name

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

2-Amino-3-Aroyl-4, 5 Alkylthiophenes: Agonist Allosteric Enhancers at Human A1  
Adenosine Receptors

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by  
any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part  
applications, and to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part  
international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(h) of any foreign application(s) for patent, inventor's or plant  
breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United  
States of America, listed below, and have also identified below, by checking the box, any foreign application for patent, inventor's or plant  
breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is  
claimed.

**Prior Foreign Application  
Number(s)**

**Country**

**Foreign Filing Date  
(MM/DD/YYYY)**

**Priority  
Not Claimed**

**Certified Copy Attached  
YES NO**

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/022 attached hereto.

[Page 1 of 2]

**Burden Hour Statement:** This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual user. Any comments on  
the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC  
20231. DO NOT SEND FEES OR COMPLETED FORMS TO THE PATENT AND TRADEMARK OFFICE, WASHINGTON, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

# DECLARATION of Utility or Design Patent Application

Direct all correspondence to: ☒ Customer Number or Bar Code Label 022467 OR ☐ Correspondence address below

Hillary W. Hawkins, Esq.  
Williams Mullen  
Name

Two James Center  
Address 1021 East Cary Street

Richmond City	VA State	23219 ZIP
USA Country	804.783.6493 Telephone	804.783.6507 Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name Joel M.  
(first and middle [if any])

Family Name LINDEN  
or Surname

Inventor's  
Signature

Date

Charlottesville Residence: City	VA State	USA Country	USA Citizenship
------------------------------------	-------------	----------------	--------------------

207 Harvest Drive

Mailing Address

Charlottesville City	VA State	22903 ZIP	USA Country
-------------------------	-------------	--------------	----------------

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name Ray A.  
(first and middle [if any])

Family Name Ollson  
or Surname

Inventor's  
Signature

*Ray A. Ollson*

11 Jun 02  
Date

Tampa Residence: City	FL State	USA Country	USA Citizenship
--------------------------	-------------	----------------	--------------------

1126 Bayshore Boulevard, #1204

Mailing Address

Tampa City	FL State	33629 ZIP	USA Country
---------------	-------------	--------------	----------------

☐ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**



Declaration  
Submitted  
with Initial  
Filing

OR



Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

**Attorney Docket Number**

031826.0007

**First Named Inventor**

LINDEN, Joel M.

**COMPLETE IF KNOWN**

Application Number

Filing Date

Art Unit

Examiner Name

**As the below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**2-Amino-3-Aroyl-4, 5 Alkylthiophenes: Agonist Allosteric Enhancers at Human A1 Adenosine Receptors**

*(Title of the Invention)*

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

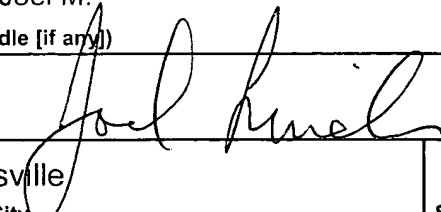
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION — Utility or Design Patent Application

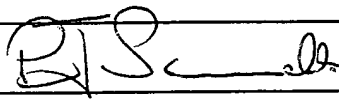
Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label	022467	OR	<input type="checkbox"/>	Correspondence address below	
Hillary W. Hawkins, Esq. Williams Mullen Name							
Two James Center 1021 East Cary Street Address							
Richmond			VA		23219		
City			State		ZIP		
USA		804.783.6493			804.783.6507		
Country		Telephone			Fax		
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>							
NAME OF SOLE OR FIRST INVENTOR :				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name Joel M. (first and middle [if any])				Family Name LINDEN or Surname			
Inventor's Signature 				Date			
Charlottesville		VA		USA		USA	
Residence: City		State		Country		Citizenship	
207 Harvest Drive							
Mailing Address							
Charlottesville		VA		22903		USA	
City		State		ZIP		Country	
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name Ray A. (first and middle [if any])				Family Name Olsson or Surname			
Inventor's Signature				Date			
Tampa		FL		USA		USA	
Residence: City		State		Country		Citizenship	
1126 Bayshore Boulevard, #1204							
Mailing Address							
Tampa		FL		33629		USA	
City		State		ZIP		Country	
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION****ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 3 of 3

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Peter J. Given Name		SCAMMELLS Family Name or Surname	
Inventor's Signature 		Date <u>4/6/02</u>	
Victoria Residence: City	State	AUSTRALIA Country	AUSTRALIAN Citizenship
6 Harrington Avenue-North Balwyn Mailing Address			
Mailing Address			
City <u>Victoria Melbourne</u>	State <u>Victoria</u>	ZIP <u>3104</u>	Country <u>AUSTRALIA</u>
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country